Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Jun 7, 8, 10, 13, 14, 15, 16, 17, 20, 21, 22, 2011 9 Dm	2011_041103_0008	Annual

Licensee/Titulaire de permis

UNITED COUNTIES OF LEEDS AND GRENVILLE
746 County Road 42, P.O Box 100, ATHENS, ON, K0E-1B0

Long-Term Care Home/Foyer de soins de longue durée

MAPLE VIEW LODGE
746 COUNTY ROAD, 42 EAST, P.O. BOX 100, ATHENS, ON, K0E-1B0

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

DARLENE MURPHY (103), COLETTE ASSELIN (134), KATHLEEN SMID (161), LYNDA HAMILTON (124), PAUL MILLER (143)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct an Annual inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, the Assistant Director of Care, Resident Services Supervisor, Registered Nurses, Registered Practical Nurses, RAI Coordinator, Dietary Manager and dietary aides, Activation Coordinator and activity aides, Environmental Services Supervisor, Pharmacist, Physiotherapy aide, Personal Support Workers, Housekeeping staff, President of Resident Council, President of Family Council, Administration Assistant, residents and family members.

During the course of the inspection, the inspector(s) toured the home, reviewed resident health records, observed resident dining, resident care and activities. Reviewed policies and procedures and medication administration. In addition, an immediate order was issued related to expired medications. This non-compliance was corrected during the course of the inspection.

The following Inspection Protocols were used in part or in whole during this inspection:

Accommodation Services - Housekeeping

Accommodation Services - Maintenance

Admission Process

Continence Care and Bowel Management

Dignity, Choice and Privacy

Dining Observation

Falls Prevention

Family Council

Hospitalization and Death

Infection Prevention and Control

Medication

Minimizing of Restraining

Nutrition and Hydration

Pain

Personal Support Services

Prevention of Abuse, Neglect and Retaliation

Quality Improvement

Recreation and Social Activities

Resident Charges

Residents' Council

Responsive Behaviours

Safe and Secure Home

Skin and Wound Care

Findings of Non-Compliance were found during this inspection.

Corrected Non-Compliance is listed in the section titled Corrected Non-Compliance.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Definitions WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Définitions WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits sayants :

1. The Licensee has a written policy, developed by their pharmacy service provider, Health Watch Long Term Care Shoppers Drug Mart 7-31 that provides for the ongoing destruction and disposal of all expired drugs.

The Licensee has not complied with this policy as evidenced by the following:
-expired medications were found.

Additional Required Actions:

CO # - 901 was served on the licensee. Refer to the "Order(s) of the Inspector".

WN #2: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following subsections:

s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Findings/Faits sayants :

Residents who presented with changing care needs were not reassessed and the plan of care was not reviewed and revised.

Additional Required Actions:

CO # - 001 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #3: The Licensee has failed to comply with O.Reg 79/10, s. 50. Skin and wound care

Specifically failed to comply with the following subsections:

s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Findings/Faits sayants :

1. A resident had a condition which required a weekly assessment by registered staff.
Weekly assessments were not documented.

Additional Required Actions:

CO # - 002 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 48. Required programs

Specifically failed to comply with the following subsections:

s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Findings/Faits sayants :

1. The Licensee is required to have a skin and wound care program to promote skin integrity, prevent the development of wound and pressure ulcers, and provide effective skin and wound care interventions.
Kirsten Pollock, Director of Care (DOC), was interviewed and provided a copy of a Skin and Wound Care Program (Policy # MVL-RESPOL7) which was signed October 25, 2010. The policy/program included the need for training programs for direct care staff and program evaluation of the skin and wound care program. Pollock stated she would like to have a multidisciplinary committee to meet and review all wounds current in the home. She also advised this committee has not yet been developed and no meetings have been initiated. The DOC advised the home is not evaluating the skin and wound care program at this time as indicated under the Skin and Wound care program. The DOC was unable to provide the documentation to support the training provided by the home to staff.
Two Registered Practical Nurses interviewed stated they had not received any educational training within the home in the area of wound and skin care.
Two Personal support workers interviewed stated they did not receive any education in the area of wound and skin prevention or repositioning techniques to promote pressure reduction.
2. There is a lack of evidence to demonstrate the implementation of the skin and wound care program/policy, given the current status of the wounds in the home.

Additional Required Actions:

CO # - 003 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #5: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Findings/Faits sayants :

1. On June 14, 2011 the Administrator, Chris Morrison, reported that the home does not have a quality improvement and utilization review system. He reported that the home had become aware of this requirement when the Long-Term Care Homes Act, 2007 came into effect on July 1, 2010. Chris Morrison reported that he and his Director Of Care, Kirsten Pollock had a planning meeting looking at developing this required program. Chris Morrison was not able to present evidence of how the home monitors, analyzes and evaluates the quality of the accommodation, care, services, programs and goods provided to residents.

Additional Required Actions:

CO # - 004 will be served on the licensee. Refer to the "Order(s) of the Inspector".

WN #6: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 15. Accommodation services

Specifically failed to comply with the following subsections:

s. 15. (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;
(b) each resident's linen and personal clothing is collected, sorted, cleaned and delivered; and
(c) the home, furnishings and equipment are maintained in a safe condition and in a good state of repair. 2007, c. 8, s. 15 (2).

Findings/Faits sayants :

1. During the initial tour of the home, it was observed on the Meadowview and Brookside home areas that the tub and shower room floors were not in a good state of repair. The floor seam was broken causing an air pocket on the right side of the shower tub. Duct tape had been applied to the broken seam in the floor of the shower area of Meadowview therefore, creating a potential trip hazard. Floors in both shower and tub rooms are rust stained. Flanges applied over the drains on Brookside are not flush with the floor, creating a potential trip hazard.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure the flooring is maintained in a good state of repair, to be implemented voluntarily.

WN #7: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 78. Information for residents, etc.

Specifically failed to comply with the following subsections:

s. 78. (2) The package of information shall include, at a minimum,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) a statement of the maximum amount that a resident can be charged under paragraph 1 or 2 of subsection 91 (1) for each type of accommodation offered in the long-term care home;
(j) a statement of the reductions, available under the regulations, in the amount that qualified residents can be charged for each type of accommodation offered in the long-term care home;
(k) information about what is paid for by funding under this Act or the Local Health System Integration Act, 2006 or the payments that residents make for accommodation and for which residents do not have to pay additional charges;
(l) a list of what is available in the long-term care home for an extra charge, and the amount of the extra charge;
(m) a statement that residents are not required to purchase care, services, programs or goods from the licensee and may purchase such things from other providers, subject to any restrictions by the licensee, under the regulations, with respect to the supply of drugs;
(n) a disclosure of any non-arm's length relationships that exist between the licensee and other providers who may offer care, services, programs or goods to residents;
(o) information about the Residents' Council, including any information that may be provided by the Residents' Council for inclusion in the package;
(p) information about the Family Council, if any, including any information that may be provided by the Family Council for inclusion in the package, or, if there is no Family Council, any information provided for in the regulations;
(q) an explanation of the protections afforded by section 26; and
(r) any other information provided for in the regulations. 2007, c. 8, s. 78 (2)

Findings/Faits sayants :

1. The home's package of information for residents admitted did not contain an explanation of the duty under section 24 to make mandatory reports.

WN #8: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 79. Posting of information

Specifically failed to comply with the following subsections:

s. 79. (1) Every licensee of a long-term care home shall ensure that the required information is posted in the home, in a conspicuous and easily accessible location in a manner that complies with the requirements, if any, established by the regulations. 2007, c. 8, s. 79. (1).

s. 79. (3) The required information for the purposes of subsections (1) and (2) is,
(a) the Residents' Bill of Rights;
(b) the long-term care home's mission statement;
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;
(d) an explanation of the duty under section 24 to make mandatory reports;
(e) the long-term care home's procedure for initiating complaints to the licensee;
(f) the written procedure, provided by the Director, for making complaints to the Director, together with the name and telephone number of the Director, or the name and telephone number of a person designated by the Director to receive complaints;
(g) notification of the long-term care home's policy to minimize the restraining of residents, and how a copy of the policy can be obtained;
(h) the name and telephone number of the licensee;
(i) an explanation of the measures to be taken in case of fire;
(j) an explanation of evacuation procedures;
(k) copies of the inspection reports from the past two years for the long-term care home;
(l) orders made by an inspector or the Director with respect to the long-term care home that are in effect or that have been made in the last two years;
(m) decisions of the Appeal Board or Divisional Court that were made under this Act with respect to the long-term care home within the past two years;
(n) the most recent minutes of the Residents' Council meetings, with the consent of the Residents' Council;
(o) the most recent minutes of the Family Council meetings, if any, with the consent of the Family Council;
(p) an explanation of the protections afforded under section 26; and
(q) any other information provided for in the regulations. 2007, c. 8, ss. 79 (3)

Findings/Faits sayants :

1. The licensee has not posted information related to whistle blowing protection.

WN #9: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 85. Satisfaction survey

Specifically failed to comply with the following subsections:

s. 85. (3) The licensee shall seek the advice of the Residents' Council and the Family Council, if any, in developing and carrying out the survey, and in acting on its results. 2007, c. 8, s. 85. (3).

Findings/Faits sayants :

The Family Council was not asked for advice in developing or carrying out the satisfaction survey.

WN #10: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 91. Resident charges

Specifically failed to comply with the following subsections:

s. 91. (1) A licensee shall not charge a resident for anything, except in accordance with the following:
1. For basic accommodation, a resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.
2. For preferred accommodation, a resident shall not be charged more than can be charged for basic accommodation in accordance with paragraph 1 unless the preferred accommodation was provided under an agreement, in which case the resident shall not be charged more than the amount provided for in the regulations for the accommodation provided.
3. For anything other than accommodation, a resident shall be charged only if it was provided under an agreement and shall not be charged more than the amount provided for in the regulations, or, if no amount is provided for, more than a reasonable amount.
4. Despite paragraph 3, a resident shall not be charged for anything that the regulations provide is not to be charged for. 2007, c. 8, s. 91 (1).

Findings/Faits sayants :

1. This finding relates to s.91(1)2.
A resident accommodation agreement does not reflect the resident's accommodation or the correct rate the resident is being charged.

WN #11: The Licensee has failed to comply with O.Reg 79/10, s. 71. Menu planning

Specifically failed to comply with the following subsections:

s. 71. (4) The licensee shall ensure that the planned menu items are offered and available at each meal and snack. O. Reg. 79/10, s. 71 (4).

Findings/Faits sayants :

1. On June 08, 2011 at lunch, the Cheese Dream Puff on the menu was prepared but not offered to residents on texture modified diets.
On June 15, 2011 at breakfast, the toast on the menu was prepared but not offered to residents on texture modified diets.

WN #12: The Licensee has failed to comply with O.Reg 79/10, s. 110. Requirements relating to restraining by a physical device

Specifically failed to comply with the following subsections:

s. 110. (7) Every licensee shall ensure that every use of a physical device to restrain a resident under section 31 of the Act is documented and, without limiting the generality of this requirement, the licensee shall ensure that the following are documented:
1. The circumstances precipitating the application of the physical device.
2. What alternatives were considered and why those alternatives were inappropriate.
3. The person who made the order, what device was ordered, and any instructions relating to the order.
4. Consent.
5. The person who applied the device and the time of application.
6. All assessment, reassessment and monitoring, including the resident's response.
7. Every release of the device and all repositioning.
8. The removal or discontinuance of the device, including time of removal or discontinuance and the post-restraining care. O. Reg. 79/10, s. 110 (7).

Findings/Faits sayants :

1. These findings relate to s.110 (7) 6,7.
The home's "Application of Restraints Procedure, MVL-RESPRO21" states that "the PSW will document all monitoring and repositioning of the resident while restrained on the Restraints Flow Sheet." Two Personal Support Workers were interviewed and reported that they are not to document prior to carrying out interventions related to repositioning, releasing and monitoring of the resident wearing the restraint.
Review of the Restraint Flow Sheets on a specified date indicated that the documentation was completed for a number of residents.
The documentation occurred prior to the time line identified on the Restraint Flow Sheet.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that documentation on the restraint flow sheet is completed as per the home's restraint policy, to be implemented voluntarily.

WN #13: The Licensee has failed to comply with O.Reg 79/10, s. 117. Medical directives and orders — drugs
Every licensee of a long-term care home shall ensure that,
(a) all medical directives or orders for the administration of a drug to a resident are reviewed at any time when the resident's condition is assessed or reassessed in developing or revising the resident's plan of care as required under section 6 of the Act; and
(b) no medical directive or order for the administration of a drug to a resident is used unless it is individualized to the resident's condition and needs. O. Reg. 79/10, s. 117.

Findings/Faits sayants :

1. The Medical Directives are being used for every resident in the home. The bowel protocol does not reflect an individualized approach based on resident condition and needs.
The Medical Directives for a resident was reviewed by the inspector. All medication listed on the medical directives had been initialled by the attending physician. The Medical Directives had been signed and dated.
The Medication and Order Review sheet had been reviewed and in the order section of the physician order form there was a blanket statement for Medical Directives (MARS), Medical Directives (TARS) and Bowel Protocol, which is signed by the attending physician on a quarterly basis. The resident experienced a change in condition and at no time were the medical directives revised to reflect this change.
Kirsten Pollock, Director of Care, indicated she is developing a Medical Directives policy.

WN #14: The Licensee has failed to comply with O.Reg 79/10, s. 126. Every licensee of a long-term care home shall ensure that drugs remain in the original labelled container or package provided by the pharmacy service provider or the Government of Ontario until administered to a resident or destroyed. O. Reg. 79/10, s. 126.

Findings/Faits sayants :

1. The Licensee did not comply with policy #P3-14, Surplus Drugs or #P6-6 Re-labelling or reallocation of medications.
2. A resident's medication dosage changed. The registered staff re-labelled the bottle to reflect the dosage change and continued to administer the medication from the re-labelled bottle.

A Registered Nurse was observed preparing an injectable medication for a resident. The medication was taken from a package that was originally labelled for another resident. The resident name was crossed out and the package was re-labelled as "Emerg" stock. "Emerg" stock was then crossed out and re-labelled with the first resident's name. There is no indication that this re-labelling was done by a pharmacy service provider.

It was observed that a stock medication had been cut in two and the remaining half of the tablet was returned to the compliance pack. The actual dosage did not correspond with the label on the pack.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring all drugs remain in the original labelled container or package provided by the pharmacy service provider until administered to a resident or destroyed , to be implemented voluntarily.

WN #15: The Licensee has failed to comply with O.Reg 79/10, s. 135. Medication incidents and adverse drug reactions

Specifically failed to comply with the following subsections:

s. 135. (1) Every licensee of a long-term care home shall ensure that every medication incident involving a resident and every adverse drug reaction is,
(a) documented, together with a record of the immediate actions taken to assess and maintain the resident's health; and
(b) reported to the resident, the resident's substitute decision-maker, if any, the Director of Nursing and Personal Care, the Medical Director, the prescriber of the drug, the resident's attending physician or the registered nurse in the extended class attending the resident and the pharmacy service provider. O. Reg. 79/10, s. 135 (1).

Findings/Faits sayants :

1. A resident had an adverse reaction to a medication. The Director of Care, the Medical Director and the Pharmacist were not notified of the incident. The information was not added to the resident health care record to indicate the resident had an adverse reaction to the drug.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by reviewing all incidents of adverse drug reactions since July 1, 2010 to ensure that all incidents are reported according to policy, to be implemented voluntarily.

WN #16: The Licensee has failed to comply with O.Reg 79/10, s. 17. Communication and response system

Specifically failed to comply with the following subsections:

s. 17. (1) Every licensee of a long-term care home shall ensure that the home is equipped with a resident-staff communication and response system that,
(a) can be easily seen, accessed and used by residents, staff and visitors at all times;
(b) is on at all times;
(c) allows calls to be cancelled only at the point of activation;
(d) is available at each bed, toilet, bath and shower location used by residents;
(e) is available in every area accessible by residents;
(f) clearly indicates when activated where the signal is coming from; and
(g) in the case of a system that uses sound to alert staff, is properly calibrated so that the level of sound is audible to staff. O. Reg. 79/10, s. 17 (1).

Findings/Faits sayants :

1. This finding applies specifically to s.17 (1)(a).
A resident's bathroom call bell is approximately two feet away from the toilet. This call bell was not easily accessed by this resident.

WN #17: The Licensee has failed to comply with O.Reg 79/10, s. 40. Every licensee of a long-term care home shall ensure that each resident of the home is assisted with getting dressed as required, and is dressed appropriately, suitable to the time of day and in keeping with his or her preferences, in his or her own clean clothing and in appropriate clean footwear. O. Reg. 79/10, s. 40.

Findings/Faits sayants :

1. Two residents were observed dressed in night clothing just prior to lunch.
The two personal support workers who assist residents with baths reported that residents stay in their night clothes until their bath is completed, which may be after lunch.
Kirsten Pollock, Director of Care, was interviewed and indicated she expected residents to be dressed appropriately.
The residents were not dressed suitable to the time of day.

WN #18: The Licensee has failed to comply with O.Reg 79/10, s. 44. Every licensee of a long-term care home shall ensure that supplies, equipment and devices are readily available at the home to meet the nursing and personal care needs of residents. O. Reg. 79/10, s. 44.

Findings/Faits sayants :

A Power of Attorney for Personal Care for a resident reported that they were asked to provide shampoo, deodorant and personal care supplies for the resident since the time of admission.
Two personal support workers reported that the home does not provide brushes, combs or deodorant for residents.
Kirsten Pollock, Director of Care, was interviewed and indicated brushes, combs or deodorants had not been recently ordered and she was unaware the home was low on these supplies.
On June 17, 2011 at 0935 hours, no brushes, combs or deodorant were found in the storage cupboards of the clean utility room.

WN #19: The Licensee has failed to comply with O.Reg 79/10, s. 229. Infection prevention and control program

Specifically failed to comply with the following subsections:

s. 229. (10) The licensee shall ensure that the following immunization and screening measures are in place:
1. Each resident admitted to the home must be screened for tuberculosis within 14 days of admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee.
2. Residents must be offered immunization against influenza at the appropriate time each year.
3. Residents must be offered immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.
4. Staff is screened for tuberculosis and other infectious diseases in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices.
5. There must be a staff immunization program in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices. O. Reg. 79/10, s. 229 (10).

Findings/Faits sayants :

1. Director of Care, Kirsten Pollock indicates that residents' immunization status is obtained on admission. There is no formal process in place for immunizations against pneumoccocus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the Ministry website.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by implementing a process for offering immunizations for residents against pneumoccocus, tetanus, and diptheria in accordance with the publicly funded immunization schedules on the Ministry website, to be implemented voluntarily.

WN #20: The Licensee has failed to comply with O.Reg 79/10, s. 129. Safe storage of drugs

Specifically failed to comply with the following subsections:

s. 129. (1) Every licensee of a long-term care home shall ensure that,
(a) drugs are stored in an area or a medication cart,
(i) that is used exclusively for drugs and drug-related supplies,
(ii) that is secure and locked,
(iii) that protects the drugs from heat, light, humidity or other environmental conditions in order to maintain efficacy, and
(iv) that complies with manufacturer's instructions for the storage of the drugs; and
(b) controlled substances are stored in a separate, double-locked stationary cupboard in the locked area or stored in a separate locked area within the locked medication cart. O. Reg. 79/10, s. 129 (1).

Findings/Faits sayants :

A Registered Nurse (RN) was observed withdrawing an injectable medication from an ampoule. The RN subsequently placed the open ampoule of injectable medication in a medicine cup that was labelled with a resident name. The RN reported that the resident's next dose of medication would be drawn from the open ampoule.
Product information for this injectable medication states that each ampoule is intended for single use only and that when the dosing requirement is completed, the unused portion should be discarded in an appropriate manner.
The home did not follow the manufacturer's instructions related to the discarding of the unused portion.

WN #21: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 20. Policy to promote zero tolerance

Specifically failed to comply with the following subsections:

s. 20. (2) At a minimum, the policy to promote zero tolerance of abuse and neglect of residents,
(a) shall provide that abuse and neglect are not to be tolerated;
(b) shall clearly set out what constitutes abuse and neglect;
(c) shall provide for a program, that complies with the regulations, for preventing abuse and neglect;
(d) shall contain an explanation of the duty under section 24 to make mandatory reports;
(e) shall contain procedures for investigating and responding to alleged, suspected or witnessed abuse and neglect of residents;
(f) shall set out the consequences for those who abuse or neglect residents;
(g) shall comply with any requirements respecting the matters provided for in clauses (a) through (f) that are provided for in the regulations; and
(h) shall deal with any additional matters as may be provided for in the regulations. 2007, c. 8, s. 20 (2).

Findings/Faits sayants :

1. A review of the home's Resident Abuse Policy (MVL-RESPROC) issue date, December 1, 2009 indicated that the procedure did not include an explanation of the duty under Section 24 Long Term Care Homes Act, 2007 to make mandatory reports immediately to the Director of the Performance Improvement and Compliance Branch of the Ministry of Health.

WN #22: The Licensee has failed to comply with O.Reg 79/10, s. 228. Continuous quality improvement
Every licensee of a long-term care home shall ensure that the quality improvement and utilization review system required under section 84 of the Act complies with the following requirements:
1. There must be a written description of the system that includes its goals, objectives, policies, procedures and protocols and a process to identify initiatives for review.
2. The system must be ongoing and interdisciplinary.
3. The improvements made to the quality of the accommodation, care, services, programs and goods provided to the residents must be communicated to the Residents' Council, Family Council and the staff of the home on an ongoing basis.
4. A record must be maintained by the licensee setting out,
i. the matters referred to in paragraph 3,
ii. the names of the persons who participated in evaluations, and the dates improvements were implemented, and
iii. the communications under paragraph 3. O. Reg. 79/10, s. 228.

Findings/Faits sayants :

1. On June 14, 2011, Administrator, Chris Morrison reported the following:
- he does not have a record communicating to the Residents Council, Family council and staff of improvements made in the home.
- the home does not maintain records of the names of persons who participated in evaluations and the dates the improvements were made.
- the home has no records that identify improvements made to the quality of the accommodations, care, services, programs and goods provided to the residents.
-at his planning meeting it was identified that quality improvement is to be interdisciplinary and ongoing. At the time of the review, not all departmental staff had been identified or how the program was to be ongoing.
-the quality improvement and utilization review system does not have any written goals, objectives, policies, procedures, protocols and a process to identify initiatives to be reviewed.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance by ensuring the home develops and implements a quality improvement and utilization review system that meets the requirements of s.228 1-4, to be implemented voluntarily.

WN #23: The Licensee has failed to comply with O.Reg 79/10, s. 109. Policy to minimize restraining of residents, etc.
Every licensee of a long-term care home shall ensure that the home's written policy under section 29 of the Act deals with,
(a) use of physical devices;
(b) duties and responsibilities of staff, including,
(i) who has the authority to apply a physical device to restrain a resident or release a resident from a physical device,
(ii) ensuring that all appropriate staff are aware at all times of when a resident is being restrained by use of a physical device;
(c) restraining under the common law duty pursuant to subsection 36 (1) of the Act when immediate action is necessary to prevent serious bodily harm to the person or others;
(d) types of physical devices permitted to be used;
(e) how consent to the use of physical devices as set out in section 31 of the Act and the use of PASDs as set out in section 33 of the Act is to be obtained and documented;
(f) alternatives to the use of physical devices, including how these alternatives are planned, developed and implemented, using an interdisciplinary approach; and
(g) how the use of restraining in the home will be evaluated to ensure minimizing of restraining and to ensure that any restraining that is necessary is done in accordance with the Act and this Regulation. O. Reg. 79/10, s. 109.

Findings/Faits sayants :

1. The home's procedure, MVL-RESPROC21 "Application of Restraints" states "If a physical restraint was applied under the Common Law Duty," and does not provide any further information.
The home's procedure, MVL-RESPROC21 "Application of Restraints" does not address restraining under the common law duty when immediate action is necessary to prevent serious bodily harm to the person or others.

WN #24: The Licensee has failed to comply with O.Reg 79/10, s. 37. Personal items and personal aids

Specifically failed to comply with the following subsections:

s. 37. (1) Every licensee of a long-term care home shall ensure that each resident of the home has his or her personal items, including personal aids such as dentures, glasses and hearing aids,
(a) labelled within 48 hours of admission and of acquiring, in the case of new items; and
(b) cleaned as required. O. Reg. 79/10, s. 37 (1).

Findings/Faits sayants :

1. On June 10, 2011 soiled personal supplies, unlabeled combs and hairbrushes, used bars of hand soap and opened and unlabelled jars of zincofax, were observed in the plastic drawers in Meadowview tub room.

THE FOLLOWING NON-COMPLIANCE AND/OR ACTION(S)/ORDER(S) HAVE BEEN COMPLIED WITH/
LES CAS DE NON-RESPECTS ET/OU LES ACTIONS ET/OU LES ORDRES SUIVANT SONT MAINTENANT CONFORME AUX EXIGENCES:

CORRECTED NON-COMPLIANCE/ORDER(S) REDRESSEMENT EN CAS DE NON-RESPECT OU LES ORDERS:			
REQUIREMENT/ EXIGENCE	TYPE OF ACTION/ORDER #/ GENRE DE MESURE/ORDRE NO	INSPECTION # / NO DE L'INSPECTION	INSPECTOR ID #/ NO DE L'INSPECTEUR
O.Reg 79/10, s. 8.	WN #1 CO #901	2011_041103_0008	103

Issued on this 22nd day of June, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Darlene Murphy

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Public Copy/Copie du public

Name of Inspector (ID #) / Nom de l'inspecteur (No) :	DARLENE MURPHY (103), COLETTE ASSELIN (134), KATHLEEN SMID (161), LYNDA HAMILTON (124), PAUL MILLER (143)
Inspection No. / No de l'inspection :	2011_041103_0008
Type of Inspection / Genre d'inspection:	Annual
Date of Inspection / Date de l'inspection :	Jun 7, 8, 10, 13, 14, 15, 16, 17, 20, 21, 22, 2011
Licensee / Titulaire de permis :	UNITED COUNTIES OF LEEDS AND GRENVILLE 746 County Road 42, P.O Box 100, ATHENS, ON, K0E-1B0
LTC Home / Foyer de SLD :	MAPLE VIEW LODGE 746 COUNTY ROAD, 42 EAST, P.O. BOX 100, ATHENS, ON, K0E-1B0
Name of Administrator / Nom de l'administratrice ou de l'administrateur :	CHRIS MORRISON

To UNITED COUNTIES OF LEEDS AND GRENVILLE, you are hereby required to comply with the following order(s) by the date(s) set out below:

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 901

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (a)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Order / Ordre :

The Licensee shall ensure that all medications in medication storage carts, emergency stock boxes, medication storage areas including medication storage fridges are reviewed and have all expired medications removed.

Grounds / Motifs :

1. The Licensee has a written policy, developed by their pharmacy service provider, Health Watch Long Term Care Shoppers Drug Mart 7-31 that provides for the ongoing destruction and disposal of all expired drugs.

The Licensee has not complied with this policy as evidenced by the following:
-expired medications were found.

(103)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jun 15, 2011

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007,* S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 001

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 6. (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,
(a) a goal in the plan is met;
(b) the resident's care needs change or care set out in the plan is no longer necessary; or
(c) care set out in the plan has not been effective. 2007, c. 8, s. 6 (10).

Order / Ordre :

The licensee shall prepare, submit and implement a written plan for achieving compliance to ensure all residents who exhibit a change in care needs are reassessed and the plan of care is reviewed and revised to reflect the changes.

This plan must be submitted in writing to Inspector, Darlene Murphy at 347 Preston Street, 4th floor, Ottawa, ON K1S 3J4 or by fax at 1-613-569-9670 on or before June 29, 2011.

Grounds / Motifs :

2. Residents who presented with changing care needs were not reassessed and the plan of care was not reviewed and revised. (134)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jul 07, 2011

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 002

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 50. (2) Every licensee of a long-term care home shall ensure that,
(a) a resident at risk of altered skin integrity receives a skin assessment by a member of the registered nursing staff,
(i) within 24 hours of the resident's admission,
(ii) upon any return of the resident from hospital, and
(iii) upon any return of the resident from an absence of greater than 24 hours;
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure ulcers, skin tears or wounds,
(i) receives a skin assessment by a member of the registered nursing staff, using a clinically appropriate assessment instrument that is specifically designed for skin and wound assessment,
(ii) receives immediate treatment and interventions to reduce or relieve pain, promote healing, and prevent infection, as required,
(iii) is assessed by a registered dietitian who is a member of the staff of the home, and any changes made to the resident's plan of care relating to nutrition and hydration are implemented, and
(iv) is reassessed at least weekly by a member of the registered nursing staff, if clinically indicated;
(c) the equipment, supplies, devices and positioning aids referred to in subsection (1) are readily available at the home as required to relieve pressure, treat pressure ulcers, skin tears or wounds and promote healing; and
(d) any resident who is dependent on staff for repositioning is repositioned every two hours or more frequently as required depending upon the resident's condition and tolerance of tissue load, except that a resident shall only be repositioned while asleep if clinically indicated. O. Reg. 79/10, s. 50 (2).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure weekly assessments of altered skin integrity are completed, if clinically indicated by a member of the registered nursing staff.

This plan must be submitted in writing to Inspector, Darlene Murphy at 347 Preston Street, 4th floor, Ottawa, ON K1S 3J4 or by fax at 1-613-569-9670 on or before June 30, 2011.

Grounds / Motifs :

1. A resident had a condition which required a weekly assessment by registered staff.
Weekly assessments were not documented.
(103)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jul 07, 2011

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 003

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

O.Reg 79/10, s. 48. (1) Every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home:
1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.
2. A skin and wound care program to promote skin integrity, prevent the development of wounds and pressure ulcers, and provide effective skin and wound care interventions.
3. A continence care and bowel management program to promote continence and to ensure that residents are clean, dry and comfortable.
4. A pain management program to identify pain in residents and manage pain. O. Reg. 79/10, s. 48 (1).

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to ensure the implementation of a skin and wound care program. The licensee shall also provide education in the area of wound and skin to both registered and non registered staff.

This plan must be submitted in writing to Inspector, Darlene Murphy at 347 Preston Street, 4th floor, Ottawa, ON K1S 3J4 or by fax at 1-613-569-9670 on or before June 30, 2011.

Grounds / Motifs :

2. The Licensee is required to have a skin and wound care program to promote skin integrity, prevent the development of wound and pressure ulcers, and provide effective skin and wound care interventions.
Kirsten Pollock, Director of Care (DOC), was interviewed and provided a copy of a Skin and Wound Care Program (Policy # MVL-RESPOL7) which was signed October 25, 2010. The policy/program included the need for training programs for direct care staff and program evaluation of the skin and wound care program. Pollock stated she would like to have a multidisciplinary committee to meet and review all wounds current in the home. She also advised this committee has not yet been developed and no meetings have been initiated. The DOC advised the home is not evaluating the skin and wound care program at this time as indicated under the Skin and Wound care program. The DOC was unable to provide the documentation to support the training provided by the home to staff.
Two Registered Practical Nurses interviewed stated they had not received any educational training within the home in the area of wound and skin care.
Two Personal support workers interviewed stated they did not receive any education in the area of wound and skin prevention or repositioning techniques to promote pressure reduction.
There is a lack of evidence to demonstrate the implementation of the skin and wound care program/policy, given the current status of the wounds in the home. (103)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Jul 29, 2011

Ontario

Ministry of Health and Long-Term Care

Ministére de la Santé et des Soins de longue durée

Order(s) of the Inspector

Pursuant to section 153 and/or section 154 of the *Long-Term Care Homes Act, 2007*, S.O. 2007, c.8

Ordre(s) de l'inspecteur

Aux termes de l'article 153 et/ou de l'article 154 *de la Loi de 2007 sur les foyers de soins de* longue durée, L.O. 2007, chap. 8

Order # / Ordre no : 004

Order Type / Genre d'ordre : Compliance Orders, s. 153. (1) (b)

Pursuant to / Aux termes de :

LTCHA, 2007 S.O. 2007, c.8, s. 84. Every licensee of a long-term care home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodation, care, services, programs and goods provided to residents of the long-term care home. 2007, c. 8, s. 84.

Order / Ordre :

The licensee shall prepare, submit and implement a plan for achieving compliance to meet the requirement. The home shall develop and implement a quality improvement and utilization review system that monitors, analyzes, evaluates and improves the quality of the accommodations , care, services, programs and goods provided to residents.

This plan must be submitted in writing to Inspector, Darlene Murphy at 347 Preston Street, 4th floor, Ottawa, ON K1S 3J4 or by fax at 1-613-569-9670 on or before June 30, 2011.

Grounds / Motifs :

1. On June 14, 2011 the Administrator, Chris Morrison, reported that the home does not have a quality improvement and utilization review system. He reported that the home had become aware of this requirement when the Long-Term Care Homes Act, 2007 came into effect on July 1, 2010. Chris Morrison reported that he and his Director Of Care, Kirsten Pollock had a planning meeting looking at developing this required program. Chris Morrison was not able to present evidence of how the home monitors, analyzes and evaluates the quality of the accommodation, care, services, programs and goods provided to residents. (143)

This order must be complied with by / Vous devez vous conformer à cet ordre d'ici le : Sep 30, 2011

REVIEW/APPEAL INFORMATION / RENSEIGNEMENTS SUR LE RÉEXAMEN/L'APPEL

TAKE NOTICE:

The Licensee has the right to request a review by the Director of this (these) Order(s) and to request that the Director stay this (these) Order(s) in accordance with section 163 of the Long-Term Care Homes Act, 2007.

The request for review by the Director must be made in writing and be served on the Director within 28 days from the day the order was served on the Licensee.

The written request for review must include,

(a) the portions of the order in respect of which the review is requested;
(b) any submissions that the Licensee wishes the Director to consider; and
(c) an address for services for the Licensee.

The written request for review must be served personally, by registered mail or by fax upon:

Director
c/o Appeals Clerk
Performance Improvement and Compliance Branch
Ministry of Health and Long-Term Care
55 St. Clair Ave. West
Suite 800, 8th floor
Toronto, ON M4V 2Y2
Fax: 416-327-760

When service is made by registered mail, it is deemed to be made on the fifth day after the day of mailing and when service is made by fax, it is deemed to be made on the first business day after the day the fax is sent. If the Licensee is not served with written notice of the Director's decision within 28 days of receipt of the Licensee's request for review, this(these) Order(s) is(are) deemed to be confirmed by the Director and the Licensee is deemed to have been served with a copy of that decision on the expiry of the 28 day period.

The Licensee has the right to appeal the Director's decision on a request for review of an Inspector's Order(s) to the Health Services Appeal and Review Board (HSARB) in accordance with section 164 of the Long-Term Care Homes Act, 2007. The HSARB is an independent tribunal not connected with the Ministry. They are established by legislation to review matters concerning health care services. If the Licensee decides to request a hearing, the Licensee must, within 28 days of being served with the notice of the Director's decision, give a written notice of appeal to both:

Health Services Appeal and Review Board and the

Attention Registrar
151 Bloor Street West
9th Floor
Toronto, ON
M5S 2T5

Director

c/o Appeals Clerk
Performance Improvement and Compliance Branch
55 St. Clair Avenue, West
Suite 800, 8th Floor
Toronto, ON M4V 2Y2

Fax: 416-327-7603

Upon receipt, the HSARB will acknowledge your notice of appeal and will provide instructions regarding the appeal process. The Licensee may learn more about the HSARB on the website www.hsarb.on.ca.

Issued on this 14th day of June, 2011

Signature of Inspector / Signature de l'inspecteur : Darlene Murphy

Name of Inspector / Nom de l'inspecteur : DARLENE MURPHY

Service Area Office / Bureau régional de services : Ottawa Service Area Office